



STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

DIVISION OF LAW ENFORCEMENT SERVICES
Crime Information Bureau
Record Check Unit

PO Box 2688
Madison, WI 53701-2688
608/266-5764
TTY 1-800-947-3529

**Qualified Entity Application
National Child Protection Act**

Record Check Account Number (if existing acct)

Entity (agency) Name: _____

Name/Title of Entity Director: _____

Agency Address: _____

Contact Person : _____ Telephone: _____

E-mail address: _____ Fax: _____

Please provide a mission statement or a summary of the type of services your agency provides (why do you qualify?):

Please indicate the population(s) your agency provides services to and indicate the type(s) of services provided:

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Children | <input type="checkbox"/> Care or Treatment | <input type="checkbox"/> Education, Training or Instruction |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Supervision | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Care/Placement | <input type="checkbox"/> Other _____ |

Which term best describes your agency?

- ☐ Governmental ☐ Private ☐ Volunteer ☐ For Profit ☐ Non-Profit

Number of Agency Employees

Number of Agency Volunteers

Estimated annual number of
Employee fingerprints submitted

Estimated annual number of
Volunteer fingerprints submitted

Signature of agency head: _____ Date: _____

NOTE: Organizations currently required to conduct criminal history record checks under other statutory provisions should continue to follow the statutory mandates that specifically apply to them.

Return application to : Wisconsin Department of Justice Record Check Unit P.O. Box 2688 Madison, WI 53701-2688